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**Apr 23, 2008 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # N03000008257</b>					
1. Entity Name NOMA ASSEMBLY OF GOD, NOMA, FLORIDA, INC.					
Principal Place of Business 1062 TINDELL STREET NOMA, FL 32452			Mailing Address 1062 TINDELL STREET NOMA, FL 32452		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, GLENDA 1673 M.C. CARNLEY RD BONIFAY, FL 32425			Name: Glenda Watson Street Address (P.O. Box Number is Not Acceptable): 1673 Mc-Carnley Rd City: Bonifay FL Zip Code: 32425		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JEROME 1037 WALTER ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, SWAYNE 1673 M.C. CARNLEY RD BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, CHARLES 3465 KELLY AVENUE NOMA, FL 32452	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Glenda Watson 4-22-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					